

95

Application for Journey Plumber Examination
Michigan Department of Energy, Labor & Economic Growth
Bureau of Construction Codes / Plumbing Division
P.O. Box 30255, Lansing, MI 48909
517-241-9330
www.michigan.gov/bcc

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration
Penalty: Application cancelled and fee forfeited

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Instructions: Applicant shall be at least 18 years of age and have 6,000 hours experience over a period of not less than 3 years. The experience shall be under the supervision of a master plumber. **Applicant shall be a current registered Michigan apprentice under 2002 PA 733.**

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

OFFICE USE ONLY

T-82

Applicant Information

NAME (Last, First, Middle)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*
		XXX-XX-
HOME ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you now licensed as a journey plumber in another state or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Journey Plumber License No. _____ State/Country _____		
3. Are you registered as an apprentice with the State of Michigan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apprentice No. 83- _____		

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date

☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Apprenticeship School

1. Have you attended a joint apprenticeship school? <input type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR)	
	From:	To:
2. Have you attended other plumbing schools (military, adult education, etc.)? <input type="checkbox"/> Yes (complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL	CITY	STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR)	
	From:	To:

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Education

HIGH SCHOOL		COLLEGE / UNIVERSITY	
CITY	STATE	CITY	STATE
HIGHEST GRADE COMPLETED	DATE GRADUATED	MAJOR	DATE GRADUATED

Background Information

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK YES OR NO TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
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Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)	
CITY			STATE	ZIP CODE
			From: _____ To: _____	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____	
TYPE OF WORK PERFORMED				
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair				
DESCRIPTION OF WORK				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____	
			this _____ day of _____, _____,	
			a Notary Public in and for _____ County, Michigan.	
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____	
LICENSE NUMBER			My Commission expires: _____, _____	

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From: _____ To: _____		
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____		
LICENSE NUMBER			My Commission expires: _____, _____		

Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)		
CITY	STATE	ZIP CODE	From: _____ To: _____		
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____ this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____		
LICENSE NUMBER			My Commission expires: _____, _____		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE